



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: La Porte

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$235967811
Outpatient Patient Service Revenue	\$233447766
Total Gross Patient Service Revenue	\$469415577

2. Deductions From Revenue

Contractual Allowance	\$200602319
Other Deductions	\$97877221
Total Deductions	\$298479540

3. Total Operating Revenue

Net Patient Service Revenue	\$170936038
Other Operating Revenue	\$6396124
Total Operating Revenue	\$177332162

4. Operating Expenses

Salaries and Wages	\$58528556	Employee Benefits	\$19085703
Depreciation and Amortization	\$13596132	Interest Expense	\$1581038
Bad Debt	\$0	Other Expenses	\$70066130
Total Operating Expenses	\$162857559		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14474603	Total Assets	\$228189401
Net Non-operating Gains over Loss	\$7769471	Total Liabilities	\$228189401
Total Net Gains	\$22244074		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$221484648	\$165880493	\$55604155
Medicaid	\$64749048	\$34721826	\$30027222
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$183181881	\$97877221	\$85304660
Total	\$469415577	\$298479540	\$170936037

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$134858	\$1400012	\$-1265154

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$154025	\$-154025
Hospital Patients	\$0	\$0	\$0
Community Education	\$250074	\$399072	\$-148998

Number of Medical Professionals Trained	1577
Number of Hospital Patients Educated	21746
Number of Citizens Exposed to Health Education Messages	420000

Statement Six: Charity Statement

Hospital Charity Charges	\$14036026
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$8984820	\$17205761	
Subtotal	\$8984820	\$17205761	\$-8220941
DSH Payments	\$0		
Subtotal	\$8984820	\$17205761	\$-8220941
Medicare Shortfalls	\$36237021	\$61025202	
Other Government Programs	\$0	\$0	
Total	\$45221841	\$78230963	\$-33009122

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$813577	\$1265154	\$-451577
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0